Village of Croton-on-Hudson Recreation & Parks Department Programs for Adults 60+

www.crotononhudson-ny.gov/recreation-parks (914) 271-3006

Local Shopping Bus







Need a ride to the store? The Local Shopping Bus can pick you up from your home and take you to ShopRite, the post office, and local banks.

Dates: Tuesdays starting January 4

Time: 9AM-11:30AM

Location: Pickup from your residence in the Village of Croton

Fee: FREE but Pre-Registration is Required (see reverse)

Note Open to Village of Croton Residents ages 60+ ONLY

Questions? Call Joanna Straub, Director of Senior Recreation at 914-271-5804.

VILLAGE OF CROTON RECREATION & PARKS DEPARTMENT SENIOR PROGRAMS 1 Van Wyck Street Croton-on-Hudson, NY 10520

LOCAL SHOPPING REGISTRATION FORM

The Village Mini Bus leaves the bus garage at approximately 9:00AM, picks up registered village residents ages 60+at their residences and will make stops at ShopRite, banks within the village & the Post Office. In the event that you are unable to go on a particular day, please call 271-3006. In case of inclement weather, we follow the Croton-Harmon Schools. If the Croton-Harmon Schools are closed, this program will be canceled.

| NAME | | |
|--|---|--|
| ADDRESS | | |
| TELEPHONE | CELL PHONE | |
| EMAIL | DATE OF BIRTH | |
| I will begin shopping on the following date: | | |
| MEDICAL INFORMATION | | |
| DOCTOR'S NAME | | |
| DOCTOR'S PHONE | | |
| PLEASE LIST ANY MEDICAL CONDITIO | NS/MEDICATIONS/ALLERG | <u>sies</u> |
| | | |
| | _ | |
| IN CASE OF EMERGENCY | | |
| CONTACT PERSON | | |
| TELEPHONE | RELATIO | NSHIP |
| I hereby recognize that there are inherent to release and hold harmless the Village of liability whatsoever in connection with any sustain as a result of participation. In the above, to be transported to a hospital for needed medical care I agree to indemnify damages or injuries. | f Croton-on-Hudson, their empty damages and/or injuries that be event of injury, I hereby give treatment to include evaluate. | ployees and volunteers, of any the above named person may be permission person, named tion of the injury, x-rays, and |
| Signature | Date | |